

DRIVER IMPROVEMENT CLINIC INSTRUCTOR LICENSE APPLICATION

DI 505 (01/28/05)

Purpose: Use this form to apply for a Driver Improvement Clinic instructor's license.

Instructions: Type or print in ink.

Type of Application (check one):		Fee:	
<input type="checkbox"/> Original (first-time application)	<input type="checkbox"/> Renewal	<input type="checkbox"/> \$50 - One Year Certification	<input type="checkbox"/> \$100 - Two Year Certification
Clinic will provide instruction for:			
Passenger <input type="checkbox"/> DMV-directed, court-directed, voluntary, insurance		Commercial <input type="checkbox"/> DMV-directed, court-directed, voluntary, insurance	
Drivers <input type="checkbox"/> Company employees - to provide training/awareness		Drivers <input type="checkbox"/> Company employees - to provide training/awareness	
		Indicate Language: _____	

IDENTIFYING INFORMATION			
INSTRUCTOR NAME (last) (first) (mi) (suffix)			TELEPHONE NUMBER ()
CUSTOMER NUMBER			EXPIRATION DATE (mm/dd/yyyy)
MAILING ADDRESS		CITY	STATE ZIP CODE
PASSENGER COURSE CURRICULUM (give vendor name and attach copy of the certification)		INSTRUCTOR NUMBER	DATE OF EXPIRATION (mm/dd/yyyy)
COMMERCIAL COURSE CURRICULUM (give vendor name and attach copy of the certification)		INSTRUCTOR NUMBER	DATE OF EXPIRATION (mm/dd/yyyy)

BUSINESS INFORMATION			
FULL NAME OF CLINIC (print or type)		FULL NAME OF OWNER(S)	
BUSINESS OFFICE ADDRESS		CITY	
EMAIL ADDRESS		FAX NUMBER ()	
		TELEPHONE NUMBER ()	
		CELL PHONE NUMBER (if applicable) ()	

Instructor Certification

I hereby make application for a driver improvement clinic instructor license and certify that all information contained in this application and on all supporting document(s) is true. By my signature I authorize the Department of Motor Vehicles to verify that my Virginia driver's record fulfills the requirements for my licensing under established criteria and statutes.

NAME _____ APPLICANT'S SIGNATURE _____ DATE _____

Driver Improvement Clinic Certification

I certify that the above named individual is an instructor, or has applied to become an instructor, of this driver improvement clinic.

CLINIC OWNER (print or type) _____ CLINIC OWNER SIGNATURE _____ DATE _____

DMV USE ONLY			
Clerk Stamp	Verification of:	Remarks:	Clinic Code Number
	<input type="checkbox"/> Fee		
	<input type="checkbox"/> Instructor Certification(s)		
	Driver Record Verified:	<input type="checkbox"/> Approved Date: _____	
	Demerit Points: _____	Expiration Date: _____	
	Date Checked: _____	<input type="checkbox"/> Denied	